



## ADULT CARE HOME APPLICATION FOR RENEWAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://tennessee.gov/health/topic/hcf-professionals>. Please check this website periodically for updates.

Name of the Adult Care Home Facility \_\_\_\_\_

**Location of the Facility:**

Street \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Twenty-four (24) Hour Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Mailing address (if different from the Facility location address):**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Residents \_\_\_\_\_ How many residents by blood/marriage are related to the provider \_\_\_\_\_

**Adult Care Home Provider:**

Name of Provider \_\_\_\_\_

**Residential Manager(s):**

Manager \_\_\_\_\_ Substitute Caregiver (if applicable) \_\_\_\_\_

a. Have you (Manager) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what charge(s)? \_\_\_\_\_

Location of Conviction \_\_\_\_\_ Date \_\_\_\_\_  
(City) (County) (State)

b. To what extent will the resident manager, substitute caregivers and other staff be used in the facility?

\_\_\_\_\_  
\_\_\_\_\_

c. Has a policy of informing employees of their obligations to report incidents of abuse or neglect been implemented? Yes \_\_\_\_\_ No \_\_\_\_\_

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Division of Health Licensure and Regulations, Office of Health Care Facilities, 665 Mainstream Drive, Second Floor, Nashville, TN 37228-1254



